

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09762051

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/	/	/
2	/	/	/	/	/	/
3	20	/	/	/	/	/
4	20	/	/	/	/	/
5	20	/	/	/	/	/
6	20	/	/	/	/	/
7	20	/	/	/	/	/
8	20	/	/	/	/	/
9	20	/	/	/	/	/
10	20	/	/	/	/	/
11	20	/	/	/	/	/
12	/	/	/	/	/	/
13	/	/	/	/	/	/
14	20	/	/	/	/	/
15	20	/	/	/	/	/
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TOTAL IND.	20		20			
TOTAL DEP.	18	↔	16	↔		
TOTAL CLAIMS	38		38			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.				↓		
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS